



Commission on Improving the Status of Children in Indiana

Meeting Minutes

Commission on Improving the Status of Children in Indiana

Wednesday, December 19, 2018

Indiana Government Center South, Conference Room A

- Christine Blessinger, Director, Division of Youth Services, Department of Correction
- Dr. Kris Box, Indiana State Health Commissioner, Indiana State Department of Health
- Senator Jean Breaux
- Bernice Corley, Executive Director, Public Defender Council
- Jason Dudich, Director, State Budget Agency
- Justin Forkner, Chief Administrative Officer, Indiana Office of Judicial Administration
- Representative David Frizzell
- John Hammond IV, Office of the Governor
- Curtis T. Hill, Indiana Attorney General (non-voting member)
- Senator Erin Houchin
- Susan Lightfoot, Chief Probation Officer, Henry County Probation Department
- Dr. Jennifer McCormick, Superintendent of Public Instruction, Indiana Department of Education
- Kevin Moore, Director Division of Mental Health and Addiction
- David Powell, Executive Director, Indiana Prosecuting Attorneys Council
- Justice Loretta Rush, Chief Justice of Indiana
- Terry Stigdon, Director, Indiana Department of Child Services
- Representative Vanessa Summers
- Dr. Jennifer Walthall, M.D., Secretary, Indiana Family and Social Services Administration

1. Welcome and Introductions

John Hammond called the meeting to order at 10:01.

2. Consent Agenda

Action: Minutes from the October 17, 2018 meeting were approved by a vote of 9-0.

Action: Chief Justice Rush moved to appoint Leslie Hulvershorn as co-chair of the Mental Health and Substance Abuse Task Force. The motion was seconded and passed by a vote of 9-0.

3. Strategic Priority: Child Safety & Services

Presentation: Victoria Szczechowski presented a brief update on the Child Services Oversight Committee. She reported that the Committee had last met on October 24 and was currently working on a survey on how DCS staffs its legal department, as requested by the Interim Committee on the Courts and Judiciary.

Discussion: Chief Justice Rush asked that DCS's progress report on the CWG recommendations be made available on the Children's Commission web site.

Presentation: Sandy Runkle of Prevent Child Abuse Indiana, chair of the Child Abuse Prevention Subcommittee, presented the subcommittee's [recommendation](#) to create a statewide framework for child abuse prevention.

Discussion: John Hammond asked when the group anticipated having a more detailed sketch of the project, including who would lead the effort, how it would functionally work, the timeline, and the budget. Sandy responded that more details could be developed within the next few months.

Dave Powell asked how the framework would fit with DCS's work. Sandy replied that DCS is represented on the subcommittee. Dave asked if Terry Stigdon supported the effort, and Terry replied that DCS is supportive. Dave indicated that the proposal was somewhat vague, and John reiterated that it would be helpful to have a more detailed sketch prior to the Commission providing its approval.

Terry Stigdon asked whether there were any other states that were at the same point in the process, with whom Indiana could share resources and learning, and go through the process together. Sandy replied that she wasn't aware of any; the subcommittee's research had included talking with states who had already completed the process of developing a framework.

Chief Justice Rush asked when Families First money would start coming in, because the federal money would now be more prevention-focused. Terry Stigdon replied that DCS has taken a one-year delay on implementation of Families First and that the agency would know more by September 30, 2019. Terry indicated that the prevention dollars in Families First also come with a lot of rules. Chief Justice Rush asked if there were a possibility that some of the funding from Families First could support the development of a framework. Terry replied that she hadn't seen anything that would fit that purpose, but that she was also still learning about Families First.

Chief Justice Rush asked whether there were examples from other states of the outcome of the process. Sandy indicated that because states were just finishing the process of developing their frameworks, they do not have long-term outcome data yet.

Sandy explained the difference between a framework and a plan and discussed how the framework will include a toolkit and flexibility for local communities.

Dr. McCormick referenced some of the responsibilities and struggles that schools have with providing prevention education to children and stated that she would welcome a conversation around prevention, bringing all of the agencies together.

Dr. Box stated that she could do some additional research on what other states have done through the American Public Health Organization. Chief Justice Rush suggested that someone from ISDH join the subcommittee.

John Hammond recommended holding off on endorsing the recommendation until there was additional detail available. Dave Powell agreed and requested material to read before the next meeting. Rep. Frizzell asked when Sandy would be comfortable coming back with additional information and examples, and Sandy stated that she could be ready for the Feb. 20 meeting.

Action: Rep. Frizzell moved that the request be tabled until the next meeting. The motion was seconded and passed 12-0.

Presentation: Drs. Leslie Hulvershorn and Zachary Adams presented information about Project Echo, a model for providing long-distance education and consultation for professionals. The model uses videoconferencing technology to share best practices and provide case-based learning and consultation to professionals in the medical and behavioral health fields, but it can be used in any field. In Indiana, Project Echo is currently being used to train and support providers who are treating individuals with opioid use disorder. The model is different from telemedicine, which involves one provider treating one patient remotely. Instead, Project Echo involves a team with specialized expertise coaching and collaborating with providers, such as primary care doctors, to help them manage their patients. There is evidence that Project Echo in other locations has been successful in helping primary care providers manage complex conditions that were previously thought to require the care of a specialist. Indiana's OUD Echo currently has three tracks: one for prescribers, one for behavioral health, and one for community health workers. In 2019, new tracks will be started for treating pregnant women with OUD and treating adolescents with OUD, as well as special tracks for First Steps Workers and Emergency Departments. Potential future uses could include pediatric mental health, childhood trauma and resilience, and using Project Echo to extend best practice education to non-medical settings, such as education.

Discussion: Chief Justice Rush requested information on best practices in the form of a toolkit for judges. Dr. Hulvershorn helped to create a bench card on MAT, and the Chief Justice requested similar information on pregnant women with OUD and adolescents with OUD, as well as NAS.

Dr. Box reported that the Indiana Perinatal Quality Improvement Collaborative has put out a toolkit on NAS for hospitals. Dr. Walthall endorsed the IPQIC toolkit and stated that Indiana's hospital stays for NAS are now coming in shorter than other states', so the protocol is working. Dr. Walthall stated that FSSA is very pleased with Project Echo and is looking to continue building the hub to spread medical education across multiple sectors. It is not limited to doctors or mid-level providers. It can even be moved into cross-sector partnerships outside of medicine.

Dave Powell cited an example case where someone becomes aware that their family member is abusing their MAT prescribed drugs and wants to report it to the doctor to get them help without getting them in trouble. He asked how the family member could get in touch with the medical provider. Dr. Hulvershorn said that example does come up in the Project Echo sessions, and the training to providers is to indicate that the person in that situation is not in recovery yet and needs more intensive treatment. Because of privacy protections, the family member might not learn of the physician's actions, but that is how the physicians are coached. Dr. Walthall stated that this example underscores the importance of harm reduction strategies for people who are not yet in recovery but are interested in engaging in the process.

4. Strategic Priority: Juvenile Justice and Cross-System Youth

Presentation: Derrick Mason of the Indiana Public Defender Commission presented information from the recently concluded Task Force on Public Defense in Indiana. One of the recommendations is a pilot project that would train specialized public defenders for CHINS cases and support those attorneys with social workers. A program like this in another jurisdiction showed that children in CHINS cases were returned home sooner with the specialized representation and social worker support. IPDC wants to create a pilot project to test this intervention in Indiana.

Amy Karozos of the Indiana Public Defender Council presented information on the juvenile public defense project, which Amy has been operating under a federal grant for the past two years. The federal grant is coming to an end, and the IPDC is requesting state funding to continue the juvenile defense project. Amy explained that the project has discovered eleven children who were committed to the Department of Correction without having been represented by attorneys. The project has been training attorneys in the specialty area of juvenile public defense, as well as representing juveniles in appeals. The state of Indiana currently does not have an office for juvenile direct appeals, as it does for other types of cases.

5. Strategic Priority: Mental Health & Substance Abuse

Presentation: Josie Fasoldt of the Management Performance Hub presented examples of the work that MPH is doing with the drug data working group to serve the Commission to Combat Drug Abuse. The examples were provided to spark ideas about what might be possible for MPH to do with child data for the Children's Commission.

6. Strategic Priority: Educational Outcomes

Presentation: Melaina Gant of DCS presented a follow-up to the recommendation that the Commission adopted in August that each school district designate personnel to facilitate and oversee the integration of social emotional learning and mental health in schools. The task force was asked to provide some additional information on the specific responsibilities and qualifications of that role. The task force presented a [list of suggestions for school districts to consider](#), including possible titles, areas of responsibility, education, and licensing.

Action: Dave Powell moved that the Commission endorse the Task Force's [recommendation](#). The motion was seconded and passed 12-0.

Presentation: Christy Berger of IDOE presented information on the [children's social, emotional, and behavioral health plan](#). Legislation passed in 2005 required the Department of Education to formulate this plan and the State Board of Education was to use the plan for rule making. The plan was developed, but the State Board never proceeded with rule making. The plan was rediscovered recently by the State board of education, and IDOE has worked collaboratively with several other state agencies and the Commission Executive Director to update the plan. Christy noted that the plan was intended to be collaborative by nature, however it was originally created prior to the establishment of the Children's Commission. IDOE strongly believes in the importance of cross-agency collaboration on children's mental health and wellness, prevention, and social emotional learning. IDOE will recommend that the CISC Educational Outcomes Task Force monitor the plan in the future.

Dr. McCormick thanked Christy for her work and noted that IDOE could not have accomplished the plan update on its own, and she thanked the other Commission agencies for their help. Dr. McCormick noted that Indiana is one of two states that has created a state-level position over social emotional learning and mental health. It is the number one issue that the Department hears about from schools. Dr. McCormick stated that it does not make sense for the State Board of Education to oversee this plan, and she sees it as more appropriate for it to be overseen by the Children's Commission. She noted that the rulemaking process takes a great deal of time, and moving the plan to the Commission's oversight could help move things along more quickly.

John Hammond asked when the State Board would take up the plan again, and Dr. McCormick indicated she thought the Board would review the plan in January.

7. Committee Updates

Presentation: Tamara Weaver presented a [recommendation](#) from the Data Sharing and Mapping Committee to endorse the Youth Risk Behavior Survey and encourage schools to participate in the survey.

Discussion: Dr. Box stated that the YRBS was included in the Governor’s school safety agenda, and that all high schools were being asked to offer the survey at their schools, so that school districts and the state can better understand the issues youth are having and then make plans to address them.

Chief Justice Rush asked Dr. McCormick whether there were any problems with the recommendation from the point of view of schools. Dr. McCormick stated that there could be struggles to get the surveys completed, not because schools don’t want the data, but because of parental concerns, teacher concerns, classroom time, and other issues. She suggested that if the Commission wants to encourage schools to participate, it would be important to make clear what the urgency is and how the data will be used.

Dr. Box stated that Indiana has challenges with suicide and violence within schools that the state needs to get a handle on, and she discussed how valuable the data could be for school systems to understand the issues and follow them over the next ten years to see if their interventions are working.

Dr. McCormick offered Christy Berger to assist with crafting a letter to schools from the Commission and sending it out from the IDOE, which may get the attention of schools more than if it were sent from another entity. She also offered that IDOE may be able to help with follow-up with schools as well, including making phone calls to schools.

Dr. McCormick offered to give a verbal plug for the survey at the upcoming School Safety Academy.

Action: Dave Powell moved that the Commission endorse the survey. The motion was seconded and passed 11-0.

Presentation: Kathryn Dolan presented a brief update on behalf of the Communications Committee. She reported that the Committee is taking photos at Commission meetings for the annual report, and that their next topic will be promoting the information sharing app.

8. Commission Member Child-Focused Legislative Agendas

Discussion: Bernice Corley followed up on the presentation by Amy Karozos and Derrick Mason and made a motion that the Commission endorse the recommendations of the Public Defender Task Force related to children. She acknowledged that there was not a corresponding action item on the agenda. John Hammond asked how the recommendations overlaid with the Commission on Public Defense, and whether there was a fiscal impact. Chief Justice Rush encouraged all Commission members to ensure that they get any necessary materials for action items to the Executive Director prior to the Commission meeting, and that if they see an item on the agenda that they expect there to be action on, but action is not indicated, that they call and alert the Executive Director and Executive Committee. Bernice amended her motion to request that the item be brought for action at the February meeting. John Hammond (current chair) and Chief Justice Rush (2019 chair) agreed the item could be on the February agenda.

Dr. McCormick presented the IDOE’s legislative agenda one-pager. She indicated that in addition to the budget, school safety is a big issue this year.

Dr. Box announced that an important ISDH priority is the use of a mandatory verbal screen for every pregnant woman for substance use disorder, to identify women early in pregnancy and get them into treatment, for their health and their baby’s health. Another is the use of an OB navigator program to provide additional support to women during pregnancy and address some of the socioeconomic factors that can impact infant mortality.

Chief Justice Rush stated her personal support for the work of the juvenile appellate office and representation for children in delinquency cases.

9. Executive Director Update

Presentation: Julie Whitman stated that two co-chairs had been appointed for the work group on Equity, Inclusion and Cultural Competence: Jane Siegel, formerly of IOCS, and Brenda Graves-Croom of FSSA. The co-chairs have met and are forming their committee and planning to meet in February.

Julie mentioned two recent educational events. On November 20 the Commission partnered with Purdue University for a presentation of research on the intersection between addictions and child welfare. The event was attended by approximately 60 people. The second event was a lunch and learn for legislative staff on December 6, to increase awareness and understanding of the Children’s Commission.

Julie reported that the Commission will again partner with the Indiana Youth Institute to present a “State of the Child” data presentation in February. She stated that the task forces are making good progress on the strategic plan.

Discussion: John Hammond thanked Julie for her work over the past year and reminded all Commission members to fill out the performance evaluation survey for Julie. Chief Justice Rush thanked John for his work chairing the Commission over the past year.

10. Future Meeting Topics

No additional topics were raised.

11. Adjournment

The meeting was adjourned at 11:57 a.m.